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| Under the Paperv   |                         |  | rsons are required to r | respond to a co                           |                           |               |                    | s a valid OMB control n | umber       |  |
|--|-------------------------|--|-------------------------|---|---------------------------|---------------|--------------------|-------------------------|-------------|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).   |                         |  |                         |   | Complete if Known         |               |                    |                         |             |  |
| FEE TRANSMITTAL  |                         |  |                         |   | Application Number 10/59  |               |                    | Conf. No.: 4372         | <u>'</u>    |  |
| FOR FY 2009  Applicant claims small entity status. See 37 CFR 1.27   |                         |  |                         |   | Filing Date Janua         |               | , 2007             |                         |             |  |
|  |                         |  |                         |   | First Named Inventor Taka |               | yuki FUKUMATSU     |                         |             |  |
|  |                         |  |                         |   | Examiner Name D. GAF      |               | ETT                |                         |             |  |
| Applicant ci   | aims small entity       | Talus. See                                       |                         | Art Unit                                  |                           | 1794          |                    |                         |             |  |
| TOTAL AMOUNT OF PAYMENT (\$) 1,170.00  |                         |  |                         |   | Docket No.                | 1752-0186PUS1 |                    |                         |             |  |
| METHOD OF PAYMENT (check all that apply)   |                         |  |                         |   |                           |               |                    |                         |             |  |
| Check Credit Card Money Order None Other (please identify):  |                         |  |                         |   |                           |               |                    |                         |             |  |
| Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:  |                         |  |                         |   |                           |               |                    |                         |             |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |                         |  |                         |   |                           |               |                    |                         |             |  |
| Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  |                         |  |                         |   |                           |               |                    |                         |             |  |
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| information and authorization on PTO-2038.   |                         |  |                         |   |                           |               |                    |                         |             |  |
| FEE CALCUL   | ATION                   |  |                         |   | •                         |               |                    |                         |             |  |
| 1. BASIC FILIN   |                         |  | INATION FEES            |   |                           |               |                    |                         |             |  |
|  | FIL                     | ING FEES   |                         | RCH FEES                                  |                           | MINATIO       |                    |                         | ı           |  |
| Application 1  | ſ <u>ype</u> <u>Fee</u> | <u>  Small                                  </u> |                         | <u>Small En</u><br><u>\$)     Fee (\$</u> |                           |               | l Entity<br>e (\$) | Fees Paid (\$)          | l           |  |
| Utility  | 330                     | $0 \frac{165}{165}$                              | 5 540                   | 270                                       | 22                        |               |                    | 0.00                    |             |  |
| Design   | 220                     | 0 110  | 100                     | 50  | 14                        | 0 7           | 70                 | 0.00                    | _           |  |
| Plant  | 220                     | 0 110  | 330                     | 165                                       | 17                        | 0 8           | 35                 | 0.00                    | _           |  |
| Reissue  | 330                     | 0 165  | 5 540                   | 270                                       | 65                        |               |                    | 0.00                    |             |  |
| Provisional  | 220                     | 0 110  |                         | 0   |                           | 0             | 0                  | 0.00                    |             |  |
| 2. EXCESS CLAIM FEES Small Entity  |                         |  |                         |   |                           |               |                    |                         |             |  |
| Fee Description  |                         |  |                         |   |                           |               |                    | Fee (\$)                |             |  |
| Each claim over 20 (including Reissues)  |                         |  |                         |   |                           |               |                    | 26<br>110               |             |  |
| Each independent claim over 3 (including Reissues)  Multiple dependent claims  |                         |  |                         |   |                           |               | 220<br>390         | 195                     |             |  |
| Total Claims Extra Claims Fee (\$) Fee   |                         |  |                         |   |                           | M             |                    | ependent Claims         |             |  |
|  |                         | 0 x  |                         | 0.00                                      |                           |               | Fee (\$)           | Fee Paid (\$)           |             |  |
| •  | mber of total claims    | paid for, if gre                                 | eater than 20.          |   |                           | •             |                    | 0.00                    |             |  |
| Indep. Claims  | Extra                   | <u>Claims</u>                                    | Fee (\$) Fee            | e Paid (\$)                               |                           | -             |                    | -                       | ļ           |  |
|  |                         |  |                         |   |                           |               |                    |                         |             |  |
| 3. APPLICATION SIZE FEE  |                         |  |                         |   |                           |               |                    |                         |             |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer  |                         |  |                         |   |                           |               |                    |                         |             |  |
| listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50  |                         |  |                         |   |                           |               |                    |                         |             |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) |                         |  |                         |   |                           |               |                    |                         |             |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  |                         |  |                         |   |                           |               |                    |                         |             |  |
| 4. OTHER FEE(S)  |                         |  |                         |   |                           |               |                    |                         |             |  |
| Non-English Specification, \$130 fee (no small entity discount)  |                         |  |                         |   |                           |               |                    |                         | -747        |  |
| Other (e.g., late filing surcharge): RCE Filing Fee and Second Month Extension 1,170.00  |                         |  |                         |   |                           |               |                    |                         | 0           |  |
| SUBMITTED BY   |                         |  |                         |   |                           |               |                    |                         | <b>=</b>    |  |
| ignature Registration No. 28977 (Attorney/Agent)   |                         |  |                         |   |                           |               | Telephor           | ne 703-205-8000         | <del></del> |  |
| Name (Print/Type)  | улцоттеугаде            | 31K)   | ***                     | Date '                                    | EED - 1 201               | <u> </u>      |                    |                         |             |  |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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